FORM LIR#27 (Rev. 1/28/04)

STATE OF HAWAII DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR

1. APPLICANT INFORMATION: (Please Type or Print Clearly)	FOR OFFICE USE ONLY
*Applicant's Business Name	BUSINESS START DATE IN HAWAII IF APPLICABLE
Address	
City/State/Zip Code	DLIR Log No
DBA/Trade Name * Business name must be the same name submitted with the applicant's bid or proposal.	Date Received
. IDENTIFICATION NUMBER(S): (Complete Applicable ID Numbers)	Unemployment Insurance Division Approval Stamp
Department of Labor ID# Federal Employer ID# (FEIN)	
3. APPLICANT IS: (Check Only One Box)	
☐ CORPORATION ☐ S CORPORATION ☐ TAX EXEMPT ORGANIZATION	Disability Compensation Division Approval Stamp
$\hfill\Box$ INDIVIDUAL (SOLE PROPRIETOR) $\hfill\Box$ PARTNERSHIP $\hfill\Box$ ESTATE $\hfill\Box$ TRUST	
☐ LIMITED LIABILTY COMPANY ☐ LIMITED LIABILITY PARTNERSHIP	
□ SINGLE MEMBER LLC WHO IS SEPARATE FROM OWNER (ENTER FEIN)	
EMPLOYEES:	
(a) Do you currently have any employees performing services in the State of Ha \Box YES \Box NO*	waii?
*If answered "no", please complete question 4(b).	
(b) Will you in the future have any employees performing services in the State of \square YES* \square NO	of Hawaii?
*If answered "yes", please complete below.	
Date of Employment	
Scope of Services	

NOTE: If this application is stamped "PENDING", another LIR#27 must be submitted when employees are performing services in the State to determine compliance with the State of Hawaii labor laws. Approvals by both divisions constitute a certificate of compliance with labor laws based on information available to the department as of the approval dates. THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.

UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

PLEASE TYPE OR PRINT CLEARLY.

* Administrative Services

SEE BELOW FOR FILING INSTRUCTIONS. Failure to provide above required information on this application will result in a denial of this request.

5. SIGNATURE:			
PRINT NAME Executor	PRINT TITLE: Corporate Officer	, General Partner or Member, Individual (Sole Proprietor), Trustee,
SIGNATURE	DATE	TELEPHONE	FAX

FILING INSTRUCTIONS FOR THE CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR

Applications are available at the addresses below and can be downloaded from the Department of Labor and Industrial Relations website (<u>www.dlir.state.hi.us</u>). On the DLIR website scroll down to Employer Forms and click on LIR #27.

Unemployment Insurance Division Disability Compensation

SUBMIT (mail, fax, or deliver) completed application <u>only to</u> the Department of Labor and Industrial Relations, **ADMINISTRATIVE SERVICES OFFICE***. Allow up to 7 business days for processing.

Office 830 Punchbowl St., Rm. 309 Honolulu, HI 96813 Ph: (808) 586-8888 Fax: (808) 586-8899	830 Punchbowl St., Rm. 437 Honolulu, HI 96813 Ph: (808) 586-8913 or 586-8914 Fax: (808) 586-8929		Division 830 Punchbowl St., Rm. 209 Honolulu, HI 96813 Ph: (808) 586-9161 Fax: (808) 586-9219		
East Hawaii District Office 75 Aupuni St., #108 Hilo, HI 96720 Ph: (808) 974-6464 Fax: (808) 974-6460	West Hawaii D Ashikawa Buile 81-990 Halekii Kealakekua, H Ph: (808) 322 Fax: (808) 322-		trict Office ng t., #2087 06750 808		
Maui District Office 2264 Aupuni St. Wailuku, HI 96793 Ph: (808) 984-2078 Fax: (808) 984-2071		Kauai District Offi 3060 Eiwa St., #20 Lihue, HI 96766 Ph: (808) 274-33 Fax: (808) 274-33	51		

STANDARDS OF CONDUCT DECLARATION

For the purposes of this declaration:

"Employee" means any nominated, appointed, or elected officer or employee of the JUDICIARY, including members of boards, commissions, and committees, and employees under contract to the JUDICIARY or of a constitutional convention, but excluding legislators, delegates to the constitutional convention, justices and judges.

"Controlling interest" means an interest in a business or other undertaking which is sufficient in fact to control, whether the interest is greater or less than fifty per cent.

On behalf of		_,
CONTRACT	OR, the undersigned does declare, under penalty of perjury, as follows:	

- 1. CONTRACTOR <u>(is) (is not)</u> a legislator or an employee or a business in which a legislator or an employee has a controlling interest.*
- 2. CONTRACTOR has not been assisted or represented by a legislator or employee for a fee or other compensation to obtain this Agreement and will not be assisted or represented by a legislator or employee for a fee or other compensation in the performance of the Agreement, if the legislator or employee had been involved in the development or award of the Agreement.
- 3. CONTRACTOR has not been assisted or represented for a fee or other compensation in the award of this Agreement by a JUDICIARY employee or, in the case of the Legislature, by a legislator.
- 4. CONTRACTOR has not been represented or assisted personally on matters related to the Agreement by a person who has been an employee of the JUDICIARY within the preceding two (2) years and who participated while in state office or employment on the matter with which the Agreement is directly concerned.
- <u>5.</u> CONTRACTOR has not been represented or assisted <u>on matters related to</u> this Agreement for a fee or other consideration by an individual who, a) within in past twelve (12) months, served as a JUDICIARY employee or in the case of the Legislature, a legislator, and b) participated while an employee or legislator on matters related to this Agreement.

CONTRACTOR understands that the Agreement to which this document is attached is voidable on behalf of the JUDICIARY if this Agreement was entered into in violation of any provision of chapter 84, Hawaii Revised Statutes, commonly referred to as the Code of Ethics, including the provision which are the source of the declarations above. Additionally, any fee, compensation,

DATED: Honolulu, Hawaii, _	
	CONTRACTOR
	By

gift, or profit received by any person as a result of a violation of the Code of Ethics may be

recovered by JUDICIARY.

*Reminder: If "is" is circled, JUDICIARY, under section 84-15, Hawaii Revised Statutes, to file with the State Ethics Commission, 10 days before the Agreement is entered into, a written justification as to why the Agreement was not required to be competitively bid.

Form AG-1(4-99 SA)

STATE OF HAWAII DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT POLICIES AND PROCEDURES

POLICY NO. NO. of PAGES

601.001 8
2 Attachments

EFF. DATE REV.NO./Date

October 15, 2013 1
November 16, 2016

TITLE:

DISCRIMINATION/HARASSMENT-FREE WORKPLACE POLICY

APPROVED

James K. Nishimoto, Director

I. POLICY

The State and its appointing authorities are committed to promoting and maintaining a productive work environment free of any form of discrimination or harassment based on a person's protected class and retaliation for engaging in protected activity. The State and its appointing authorities do not tolerate workplace discrimination, harassment or retaliation and are required to and will take appropriate action when discrimination, harassment or retaliation occurs.

The State and its appointing authorities will act to curb protected class discrimination or harassment without regard to its severity or pervasiveness and does not require that discrimination or harassment rise to the level of unlawfulness before taking action. Every State employee is responsible for assuring that work in the Executive Branch is conducted in an atmosphere that respects the dignity of every State employee, and people with whom the State conducts business. State employees are expected to avoid behavior that could reasonably be perceived as discrimination or harassment prohibited under this Policy. In addition, State employees are expected to avoid retaliation against an individual who makes a complaint, participates in or provides information for an investigation relating to discrimination and/or harassment, or makes a request for reasonable accommodation.

A violation of this Policy may result in disciplinary action, up to and including termination, in accordance with applicable state laws, rules, policies, and collective bargaining agreements.

The State and its appointing authorities will also make reasonable accommodations upon request, if needed, to the extent required by law, for employees who are disabled, including pregnancy-related disabilities, breastfeeding or expressing, victims of sexual or domestic abuse, or for bona fide religious purposes. Any employee who believes he/she needs accommodation for any of these reasons should contact his/her manager, Departmental Human Resources Officer (or his/her designee), Departmental EEO or Civil Rights Compliance Officer, or the Executive Branch Equal Employment Opportunity Office (587-1162 or eeo@hawaii.gov). For reasonable accommodations related to disability, see Policy & Procedure 601.002, Reasonable Accommodations for Employees and Applicants with Disabilities.

POLICY NO. 601.001 (Rev. 11/16/16)

II. PURPOSE

The purpose of this Policy is to assure compliance with all federal and state laws and to prevent protected class-based discrimination and harassment and retaliation in the workplace.

This Policy is intended to protect all applicants for employment, employees, and individuals providing services to the State on a non-paid basis (e.g. volunteers or interns) from discriminatory or harassing conduct by employees or non-employees and to prevent employees from engaging in discriminatory or harassing conduct directed to any individual.

III. DEFINITIONS

"Discrimination" means any employment action taken because of a person's protected class.

"Gender identity or expression" includes a person's actual or perceived gender, as well as a person's gender identity, gender-related self-image, gender-related appearance, or gender-related expression, regardless of whether that gender identity, gender-related self-image, gender-related appearance, or gender-related expression is different from that traditionally associated with the person's sex at birth.

"Genetic information" includes information about an individual's genetic tests and the genetic tests of an individual's family members, as well as information about any disease, disorder, or condition of an individual's family members (i.e. an individual's family medical history). Family medical history is included in the definition of genetic information because it is often used to determine whether someone has an increased risk of getting a disease, disorder, or condition in the future.

"Protected class" includes:

- race.
- color,
- sex, including gender identity or expression,
- sexual orientation,
- condition of pregnancy,
- act of breastfeeding or expressing milk,
- religion,
- national origin,
- ancestry,
- age,
- disability,

POLICY NO. 601.001 (Rev. 11/16/16)

- genetic information,
- marital or civil union status,
- arrest and court record (except as permitted by applicable laws),
- income assignment for child support,
- national guard absence,
- uniformed service.
- veteran status,
- citizenship (except as permitted by applicable laws),
- credit history or credit report (unless directly related to a bona fide occupational qualification),
- domestic or sexual violence victim status if the domestic or sexual violence victim provides notice to the victim's employer of such status or the employer has actual knowledge of such status, or
- any other classification protected under applicable state or federal laws.

"Retaliation" means an adverse action taken in response to or in an attempt to prevent an individual from engaging in protected activity.

- "Adverse action" means any action that is likely to dissuade a
 reasonable person from opposing protected class discrimination,
 including, but not limited to, employment actions such as termination,
 refusal to hire, and denial of promotion; other actions affecting
 employment such as threats, unjustified negative evaluations,
 unjustified negative references, or increased surveillance; and any
 other action such as an assault or unfounded civil or criminal charges
 that are likely to deter reasonable people from pursuing their rights.
- "Protected activity" means opposition to a practice believed to be unlawful discrimination, participation in an employment discrimination proceeding, or making a request for reasonable accommodation.
- There must be a causal connection between the adverse action and the protected activity, meaning that the adverse action was taken because of the protected activity. If there is a legitimate, nonretaliatory reason for the adverse action, it is will not be retaliation.

"Unlawful harassment" means any unwelcome behavior based on a person's protected class which is sufficiently severe or pervasive and has the purpose or effect of either unreasonably interfering with the person's work performance or creating an intimidating, hostile, or offensive work environment.

IV. SCOPE

This Policy applies to all employees and applicants in the Executive Branch under the jurisdiction of the Department of Human Resources Development,

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whether civil service or exempt employees, full-time or part-time employees, permanent or temporary employees.

V. PROHIBITED CONDUCT

- A. It is a violation of this Policy to engage in protected class discrimination or harassment. Protected class discrimination or harassment does not have to rise to the level of severe or pervasive conduct or unlawful discrimination to violate the Policy.
 - Protected class characteristics may not be used as a basis for taking employment action or making an employment decision that results in a significant change in benefits, or terms and conditions of employment.
 - 2. Harassing or offensive conduct directed at individuals based on protected class characteristics is prohibited under this Policy, and includes, but is not limited to:
 - Unwanted physical contact, sexually suggestive or offensive touching, patting, hugging, brushing against a person's clothing or body, or pinching;
 - Requests for sexual favors, threats or adverse actions for refusing sexual favors, threats or adverse actions for refusing a sexual advance, or promises of employment benefits in exchange for sexual favors;
 - c. Lewd descriptions, sexual jokes, comments about physical attributes, pressure for sexual activity, such as repeated and unwanted attempts at a romantic relationship, or sexually explicit questions;
 - d. Displays of demeaning or insulting objects, pictures, or photographs relating to any protected class;
 - e. Demeaning, insulting, or intimidating written, recorded, or electronically transmitted messages (such as email, text messages, voicemail, and Internet materials) relating to any protected class; and/or
 - f. Derogatory comments, slurs, jokes, profanity, anecdotes, and/or offensive questions based on or directed at any protected class.
- B. Retaliation is prohibited. Retaliation includes, but is not limited to, any adverse action taken in response to or in an attempt to prevent an individual from taking any of the following actions:

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- 1. Opposing a practice believed to be unlawful discrimination;
- 2. Participating in a complaint investigation or proceeding; or
- 3. Making a request for reasonable accommodation.

VI. PROCEDURES

A. REPORTING PROCEDURES

- The State and its appointing authorities encourage employees to report discrimination, harassment, and/or retaliation, regardless of the identity of the alleged offender or whether the offender is an employee of the Executive Branch, before it becomes severe or pervasive so that steps may be taken to stop the offending behavior before it rises to the level of unlawful behavior.
- Conduct that violates the Discrimination/Harassment-Free Workplace Policy should be reported to the employee's manager, the Departmental Human Resources Officer (or his/her designee), the Departmental EEO or Civil Rights Compliance Officer, or the Executive Branch Equal Employment Opportunity Office (587-1162 or eeo@hawaii.gov).
- 3. Anyone who observes or experiences discrimination, harassment or retaliation prohibited under this Policy is encouraged, if at all possible, to make it clear to the offender that he or she finds such behavior offensive. Employees are not required, however, to make a complaint to the offender.
- 4. A complaint or report may be made either orally or in writing and may be made using the Discrimination Complaint Form (see Attachment A). A complaint or report, whether oral or written, should include: name of the alleged offender(s), including position and department, if known, a summary of the offensive acts, the dates, times and places of the incidents, the names of witnesses to the events, desired remedy or relief and copies of documents, if any, that support the complaint or report.

B. CONFIDENTIALITY

The State and its appointing authorities will take appropriate steps to

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protect the confidentiality of discrimination, harassment and retaliation complaints, investigations, and reports, whether substantiated or unsubstantiated. However, complete confidentiality cannot be guaranteed and information regarding complaints, investigations and reports shall be shared with appropriate individuals and agencies on a "need to know" basis, with due consideration for the safety and security of individuals involved in the investigation.

C. RESPONSIBILITIES

- 1. Department Responsibilities
 - a. In alignment with this Discrimination/Harassment-Free Workplace Policy, department or agency heads are responsible for developing and enforcing their own discrimination/harassment free workplace investigation and enforcement processes within their own departments or agencies.
 - b. Should a conflict exist, this Discrimination/Harassment-Free Workplace Policy shall take precedence over all policies and/or procedures that are developed by the departments or agencies. This Policy does not prohibit departments or agencies from providing more protection than allowed under this Policy when it is required in conjunction with federal grants.
 - c. Departments are responsible for assuring that all of its employees are provided a copy or have access to a copy of this Policy and for maintaining documentation that the Policy has been provided or made available to its employees. Attachment B to this Policy may be used as documentation.
 - d. Departments shall forward a report of any and all complaints of discrimination, harassment or retaliation, whether made internally or to the Equal Employment Opportunity Commission or Hawaii Civil Rights Commission, to designated persons within their department or agency and, in addition, to the Executive Branch Equal Employment Opportunity Office.
 - e. Departments are responsible for making sure all complaints are investigated promptly. Departments may take appropriate interim action while an

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- investigation is pending, including placing an accused person on leave or temporarily in another position.
- f. If the Department finds that an employee violated the Discrimination/Harassment-Free Workplace Policy, the Department will take appropriate corrective action, up to and including termination of the employee, in accordance with applicable State laws, rules, policies, and collective bargaining agreements. If the person found to have violated the Policy is not employed by the State or its appointing authorities, other appropriate action shall be taken, including notice to the actual employer or prohibiting the person from the worksite.
- 2. Managers' and Supervisors' Responsibilities
 - a. Managers and supervisors are responsible for maintaining a workplace free of harassment, discrimination and retaliation. Managers and supervisors who witness or receive reports of offending conduct shall take immediate and appropriate action to ensure any discriminatory behavior ceases, and shall forward all such reports to the designated persons within their department.
 - Managers and supervisors, as assigned within their departments, shall investigate complaints of alleged violations of this Policy in a fair and impartial manner.
- 3. Employee Responsibilities
 - a. Employees are expected to conduct themselves appropriately while at work and during work-related functions and refrain from any acts of discrimination, harassment based on a person's protected class or retaliation for engaging in a protected activity.
 - b. Employees who experience or observe any conduct that violates this Policy, have a responsibility to report the incident(s) in order to correct and prevent unlawful harassment, discrimination or retaliation.

D. REFERRING COMPLAINTS TO EXTERNAL AGENCIES

1. In addition to the procedures described above, employees may make complaints about discrimination, harassment, or retaliation in the workplace to other appropriate agencies, including but not limited to, the federal Equal Employment

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Opportunity Commission (<u>www.eeoc.gov</u>) and the Hawai'i Civil Rights Commission (<u>http://labor.hawaii.gov/hcrc</u>).

2. Employees wishing to file complaints with other agencies should contact that agency to obtain information on their specific procedures and should not wait for resolution of a complaint made to the employer. Agencies may have time limitations for filing complaints. For example, complaints of unlawful discriminatory practices must be filed with the Hawai'i Civil Rights Commission no later than one hundred eighty (180) days after the discriminatory practice has occurred or with the Equal Employment Opportunity Commission no later than three hundred (300) days from the date: (1) the alleged unlawful discriminatory act occurred; or (2) the last occurrence in a pattern of ongoing discriminatory conduct.

VII. AUTHORITIES AND REFERENCES

Title VII of the Civil Rights Act of 1964 as amended

The Pregnancy Discrimination Act

The Age Discrimination in Employment Act of 1967

The Equal Pay Act of 1963

Titles I and II of the Americans with Disabilities Act of 1990 as amended

Sections 102 and 103 of the Civil Rights Act of 1991

Sections 503 and 504 of the Rehabilitation Act of 1973

The Genetic Information Nondiscrimination Act of 2008

The Immigration Reform and Control Act of 1986

Chapter 378, Hawaii Revised Statutes

VIII. ATTACHMENTS

Attachment A: Discrimination Complaint Form, HRD Form 613

Attachment B: Discrimination/Harassment-Free Workplace Policy

Acknowledgment Form

FORM A-6 (REV. 2016)

PRINT NAME

STATE OF HAWAII — DEPARTMENT OF TAXATION TAX CLEARANCE APPLICATION

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII IF APPLICABLE

Form A-6 can be filed electronically OR for all state, city, or county government contracts, may be obtained through Hawaii Compliance Express. See Instructions.

(NOTE: References to "married" and "spouse" are also references to "in a civil union" and "civil union partner," respectively.)

Applicant's Name Address City/State/Postal/Zip Code City/State/Postal/Zip Code DBA/Trade Name 2. TAX IDENTIFICATION NUMBER: HAWAIITAX I.D. # FEDERAL EMPLOYER I.D. # (FEIN) CORPORATION CORPORA		in a civil union and civil union partner,	, respectively.)	HAWAII	RETURNS FILED
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SOCIAL SECURITY # (SSN) 3. APPLICANT IS A/AN: (Check only ONE box) CORPORATION S CORPORATION TAX EXEMPT ORGANIZATION INDIVIDUAL PARTNERSHIP ESTATE TRUST IMITED LIABILITY COMPANY IMITED LIABILITY PARTNERSHIP Single Member LLC disregarded as separate from owner's FEIN/SSN Subsidiary Corporation; enter parent corporation's name and FEIN A. THE TAX CLEARANCE IS REQUIRED FOR: (MUST check at least ONE box) CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII * LIQUOR LICENSE * REAL ESTATE LICENSE CONTRACTOR LICENSE BULK SALES¹ FINANCIAL CLOSING PROGRESS PAYMENT PERSONAL HAWAII STATE RESIDENCY FEDERAL CONTRACT OTHER ** RES APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK. 1 ATTACH FORM G-8A, REPORT OF BULK SALE OR TRANSFER 5. NO. OF CERTIFIED COPIES REQUESTED: 6. DECLARATION - I declare that I am either the taxosper whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HPS, to sign on behalf of the taxosper whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HPS, to sign on behalf of the taxosper whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HPS, to sign on behalf of the taxosper whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HPS, to sign on behalf of the taxosper whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HPS, to sign on behalf of the taxosper whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HPS, to sign on behalf of the taxosper whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HPS, to sign on behalf of the taxosper whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.6 or 231-15.7, HPS, to sign on behalf of the taxosper whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-	2. TAX IDENTIFICATION NUMBER:				
*IRS APPROVAL STAMP SOCIAL SECURITY # (SSN)	HAWAII TAX I.D. #				
*IRS APPROVAL STAMP CORPORATION	FEDERAL EMPLOYER I.D. # (FEIN)				
CORPORATION S CORPORATION TAX EXEMPT ORGANIZATION INDIVIDUAL PARTNERSHIP ESTATE TRUST IMITED LIABILITY COMPANY LIMITED LIABILITY PARTNERSHIP Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN Subsidiary Corporation; enter parent corporation's name and FEIN 4. THE TAX CLEARANCE IS REQUIRED FOR: (MUST check at least ONE box)	SOCIAL SECURITY # (SSN)				
INDIVIDUAL	3. APPLICANT IS A/AN: (Check o	nly ONE box)		*IRS AF	PPROVAL STAMP
CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII * LIQUOR LICENSE * REAL ESTATE LICENSE CONTRACTOR LICENSE BULK SALES¹ CERTIFIED COPY STAMP PROGRESS PAYMENT PERSONAL CERTIFIED COPY STAMP CERTIFIED COPY STAMP CERTIFIED COPY STAMP SUBCONTRACT LOAN OTHER IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK. 1 ATTACH FORM G-8A, REPORT OF BULK SALE OR TRANSFER 5. NO. OF CERTIFIED COPIES REQUESTED: 6. DECLARATION - I declare that I am either the taxpayer whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HRS, to sign on behalf of the taxpayer. If the request applies to a joint return, at least one spouse must sign. I declare to the best of my knowledge and belief, that this is a true, correct, and complete form, made in good faith pursuant to Title 14 of the HRS, and the rules issued thereunder.	☐ INDIVIDUAL☐ LIMITED LIABILITY COMPANY☐ Single Member LLC disregarded as	☐ PARTNERSHIP ☐ ☐ LIMITED LIABILITY PARTNEF is separate from owner; enter owner's F	ESTATE TRUST RSHIP		
REAL ESTATE LICENSE CONTRACTOR LICENSE BULK SALES¹ FINANCIAL CLOSING PROGRESS PAYMENT PERSONAL HAWAII STATE RESIDENCY FEDERAL CONTRACT SUBCONTRACT LOAN OTHER * IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK. 1 ATTACH FORM G-8A, REPORT OF BULK SALE OR TRANSFER 5. NO. OF CERTIFIED COPIES REQUESTED: 6. DECLARATION - I declare that I am either the taxpayer whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HRS, to sign on behalf of the taxpayer. If the request applies to a joint return, at least one spouse must sign. I declare to the best of my knowledge and belief, that this is a true, correct, and complete form, made in good faith pursuant to Title 14 of the HRS, and the rules issued thereunder.	4. THE TAX CLEARANCE IS REQUIR	RED FOR: (MUST check at least Of	NE box)		
FINANCIAL CLOSING PROGRESS PAYMENT PERSONAL HAWAII STATE RESIDENCY FEDERAL CONTRACT SUBCONTRACT LOAN OTHER * IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK. 1 ATTACH FORM G-8A, REPORT OF BULK SALE OR TRANSFER 5. NO. OF CERTIFIED COPIES REQUESTED: 6. DECLARATION - I declare that I am either the taxpayer whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HRS, to sign on behalf of the taxpayer. If the request applies to a joint return, at least one spouse must sign. I declare to the best of my knowledge and belief, that this is a true, correct, and complete form, made in good faith pursuant to Title 14 of the HRS, and the rules issued thereunder.					
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5. NO. OF CERTIFIED COPIES REQUESTED: 6. DECLARATION - I declare that I am either the taxpayer whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HRS, to sign on behalf of the taxpayer. If the request applies to a joint return, at least one spouse must sign. I declare to the best of my knowledge and belief, that this is a true, correct, and complete form, made in good faith pursuant to Title 14 of the HRS, and the rules issued thereunder.			ED BY AN ASTERISK.		
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SIGNATURE DATE TELEPHONE FAX	or 231-15.7, HRS, to sign on behalf of the taxpay of my knowledge and belief, that this is a true, co	er. If the request applies to a joint return, at least one	spouse must sign. I declare to the best		
SIGNATURE DATE TELEPHONE FAX					
	SIGNATURE	DATE	TELEPHONE	() -

PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

APPLICANT'S NAME FROM PAGE 1	

КE	V. 2016)								
7.	CITY, COUNTY, OR STAT For completion/final paym Name:			•		-			
3.	LIQUOR LICENSING:	☐ Initial	☐ Renewal	☐ Transfe	er-Seller		Transfer-Buyer	☐ Special E	vent
Э.	CONTRACTOR LICENSII	NG: 🗌 Initial	☐ Renewal				,	•	
10.	STATE RESIDENCY:	DATE APPLI	CANT ARRIVED OR	RETURNED	TO HAWAI	l			
11.	ACCOUNTING PERIOD:	☐ Calendar	year	al year ending	(MM/DD)				
12.	TAX EXEMPT ORGANIZA	ATION:							
	A) Provide the Internal Re	evenue Code sectio	n that applies to you	r exemption (e	g., 501(c)	(3)).			
	B) Does your organization	n file federal Form 9	90-T, Exempt Organ	ization Busine	ss Income	Tax Re	eturn? 🗌 YES	\square NO	
	C) Is your organization re-	quired to file federa	Form 990, Return o	f Organization	Exempt F	rom Ind	come Tax, or		
	federal Form 990-EZ,	Short Form Return	of Organization Exer	npt From Incor	ne Tax?	□ Y	ES 🗆 NO		
	If "YES", your organiza	ition is required to o	btain a general excis	se tax license.	Go to line	13.			
	If "NO", go to line 12D.								
	D) Does your organization	n have fundraising i	ncome? \square YES	\square NO					
	If "YES", your organiza	ition is required to c	btain a general excis	se tax license.					
13.	INDIVIDUAL: Spouse's	Name					_ SSN		
14.	IF YOU <u>DO NOT</u> HAVE A	GENERAL EXCISI	ETAX LICENSE <u>ANI</u>	REQUIRE A	TAX CLE	ARANG	CE:		
	A) Description of your firm	n's business							
	B) Has your firm had any	business income in	Hawaii?					☐ YES	\square NO
	C) Has your firm had an o	office, inventory, pro	perty, employees, or	other represer	ntatives in	the Sta	ate of Hawaii?	☐ YES	\square NO
	D) Has your firm provided	I any services withir	the State of Hawaii	(e.g., servicing	g compute	rs, trair	ning sessions, etc.)?	☐ YES	\square NO
	Note: If you answer "Yes"	to any of the above	questions, you are re	equired to app	ly for a ger	neral e	xcise tax license.		
equ	completed application may uire an Internal Revenue Se ation. Allow up to 10 to 15 k	y be mailed, faxed, ervice Tax Clearanc	e will be forwarded to	on to the Dep	artment of levenue Se	f Taxati ervice a	ion, Taxpayer Service after processing is co	mpleted by the I	
	State Depa	artment of Taxation			İ	Interna	I Revenue Service		
		R SERVICES BRAN	ICH				ELD ASSISTANCE	100	
	P.O. BOX 2 HONOLUI	259 .U, HI 96809-0259					.A MOANA BLVD., #1 LULU, HI 96850	-128	
	TELEPHO	NE NO.: 808-587-4							
		E: 1-800-222-3229 308-587-1488					'HONE NO.: 808-566 O.: 855-877-0789	-2748	
	TAX NO C	or			'	I AA IN	J 655-677-0769		
		HBOWL STREET,							
	HONOLUL	.U, HI 96813-509	+						
Dah web	lications are available at De u at 808-587-4242 or toll-fr site at tax.hawaii.gov	ee at 1-800-222-32	29. The Tax Clearand	ce Application,	Form A-6	, can b			
			FOR OFFI	CE USE ONL	/ 				
	TYPE OF TAX	TAX RE	TURNS FILED STAT	us	Clerk's Initials		ITEM	S RECEIVED	
						ĺ			

TOTAL STATE OF CALL						
TYPE OF TAX	TAX RETURNS FILED STATUS	Clerk's Initials		ITEMS RECEIVED		
INCOME						
GENERAL EXCISE/USE/ COUNTY SURCHARGE TAX						
HAWAII WITHHOLDING						
			1			